

Foster Family Home - Corrective Action Report

Provider ID: 1-140055

Home Name: Soliel E. Blas, RN

1605 Maliu Street

Honolulu

HI 96819

Review ID: 1-140055-6

Reviewer: Angelica Galindo

Begin Date: 4/30/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/30/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/14/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No record of confidentiality policies and procedures training in home folder for CG #4.

Angelica Galindo, RN
Compliance Manager

John M. PCG
Primary Care Giver

4/30/19
Date

4/30/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Soliel Blas

CCFFH Address: 1605 Malia Street Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	CG #4 was trained on confidentiality policies/procedures and signed the form. Home placed the form in the administrative binder.	04/30/19	In the future, all new caregivers and household members will receive confidentiality training within 1 day of being added to the home.

Primary Caregiver's Signature: Soliel Blas

Print Name: Soliel Blas

Date of Signature: 05/02/19